



Incident Report

Print Date/Time: 12/18/2015 11:31
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2015-00202555

Incident Date/Time: 12/8/2015 6:21:00 PM
Location: 515 91ST AVE NE
LAKE STEVENS WA 98258
Phone Number: (425) 239-7421
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N3	SS0132-Kilroy
19S13	SS0095-Miner

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	TURETTO, DARNEL					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						APK1536	
Involved Vehicle						AQJ8989	
Involved Vehicle						AUD4893	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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12/08/2015 : 18:44:08 SP0274 Narrative: DICK TOW ENRT X2

12/08/2015 : 18:24:06 SP0339 Narrative: 19S13 ADV

12/08/2015 : 18:22:24 SP0326 Narrative: CC,3 CAR COLLISION,NON INJ,PARTIALLY BLKING



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 15-202555VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Terreto Darnell J	RACE Blw	ETHNICITY	SEX m	D.O.B. 06/30/89	AGE 29	HGT 5'10"	WGT 210	HAIR Bald	EYES Br
STREET ADDRESS 1821 82 DENE			CITY Lake Stevens			STATE WA		ZIP 98258	
HOME PHONE		CELL PHONE 425 239-7421			WORK PHONE				
EMAIL ADDRESS (OPTIONAL) darnell.terreto@gmail.					PLACE OF EMPLOYMENT BECU				

STATEMENT:

At approx 6:10pm I was pulling out of work at the Lake Stevens BECU on 91st st. I was headed North going towards 204. I pulled to a complete stop at the red light. A few seconds (or mins) I felt a slam and a heard a loud crash and I was jerked forward. My seatbelt yanked me around the neck a bit and I immediately felt my back (lower) tighten up and pop. A young man in a black chevy cavalier AUD4893 (license plate) had slammed into me causing me to hit the woman who was in front of me. She was in a subaru. I witnessed her car then slide into a VW beetle. We then pulled to the side and called 911.

I was at a complete stop when I was hit from behind. 12/08/15 was the date.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

12/8/15

OFFICER/NUMBER:

SK14001/132

DATE SIGNED:

12/8/15

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E491754

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	15-202555
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	04	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	12	-	08	-	2015			1825	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
91ST AVE NE		BLOCK NO. <input checked="" type="checkbox"/> 400
		MILE POST <input type="checkbox"/>

DISTANCE	50	00	MILES	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> S	E	W	OF (REFERENCE OR CROSS STREET)	SR 204
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHONE D: 3606312341 N: 3604350136
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LAST NAME	WAMMACK	FIRST NAME	SEAN	MIDDLE INITIAL	P
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STREET NEW ADDRESS	8120 HUNTER PL
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CITY	ARLINGTON	ST	WA	ZIP	98223
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	WAMMASP045DD	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03	-	04	-	1996
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AUD4893	STATE	WA	VIN#	1G1JC12F347126541
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	CHEV	MODEL	CAVALI	STYLE	CP	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	DICK'S	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHONE D: 4252397421
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LAST NAME	TERRETO	FIRST NAME	DARNELL	MIDDLE INITIAL	J
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STREET NEW ADDRESS	1821 82ND DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982586468
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	TERREDJ143LT	STATE	WA	SEX	M	D.O.B. MMDDYYYY	06	-	30	-	1986
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	BACK
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LICENSE PLATE #	APK1536	STATE	WA	VIN#	19XFB4F29DE001987
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2013	MAKE	HOND	MODEL	CIVIC	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	DICK'S	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	DARNELL TERRETO 1821 82ND DR NE LAKE STEVENS WA 98258
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 901367891
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E491754**

CASE #

15-202555

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HARDY MAKAYLA																
ADDRESS & PHONE # 8409 5TH PL SE LAKE STEVENS WA 98258										SEX F	D.O.B. MMDDYYYY 01	-	16	-	2002			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES HIT HEAD
NAME (LAST, FIRST, MIDDLE INITIAL)		STONEHOUSE AMAYA																
ADDRESS & PHONE # 8409 5TH PL SE LAKE STEVENS WA 98258										SEX F	D.O.B. MMDDYYYY 11	-	07	-	2001			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES BACK PAIN
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Units 2, 3 and 4 were stopped at the red light on 91st Ave NE at the intersection with SR 204. Unit 1 was traveling north on 91st Ave NE approaching the intersection with SR 204. Driver of unit 1 said he saw the units stopped at the red light and stepped on his brakes locking them up. Unit 1 did not stop in time and struck unit 2. Unit 1 continued to push unit 2 into unit 3 and unit 4.

Unit 1 and 2 were towed from the scene. Unit 3 and 4 had minor damage to the rear bumper and drove away from the scene. Unit 4 left the scene before I arrived and did not leave any information.

Unit 1 was at fault due to driving too fast for conditions.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-09-15 10:30 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

12/9/2015 11:05:01 PM

BADGE OR ID #

#0132

ORI #

WA0311900

TIME POLICE DISPATCHED

6:25 PM

TIME POLICE ARRIVED

6:36 PM

PART B 3000-345-160 R (7/06)

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OF

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**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. **E491754**CASE # **15-202555****COMMERCIAL MOTOR CARRIER**INTERSTATE ☐INTRASTATE ☐

UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

D: 4253195105

LAST NAME

WALTERSON

FIRST NAME

MARTY

MIDDLE INITIAL

L

STREET
NEW ADDRESS

8409 5TH PL SE

CITY

LAKE STEVENS

ST

WA

ZIP

982587371

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

WALTEML342JL

STATE

WA

SEX

F

D.O.B.
MMDDYYYY

04

-

13

-

1966

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USEINJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

AQJ8989

STATE

WA

VIN#

4S4BP61C057388728

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2005

MAKE

SUBA

MODEL

OUTBAC

STYLE

SW

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. CHAD WALTERSON 8409 5TH PL SE LAKE STEVENS WA 98258

SHADE IN DAMAGED AREA

LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # STATE FARM L041848D26470VEHICLE
LEGALLY
STANDING YES ☒ NO ☐

CITATION #

CHARGE



UNIT #

4

MOTOR VEHICLE ☒PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

U

D.O.B.
MMDDYYYY

-

-

ON DUTY ☐

STATUS

AIRBAG

9

RESTR.

9

EJECT

1

HELMET
USEINJURY
CLASS

0

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

SHADE IN DAMAGED AREA

LIABILITY INSURANCE
IN EFFECT ☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDING YES ☒ NO ☐

CITATION #

CHARGE



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

12-09-15 10:30 PM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE
OR ID #

#0132

ORI
#

WA0311900

APPROVED BY
MINERDATE
12/9/2015

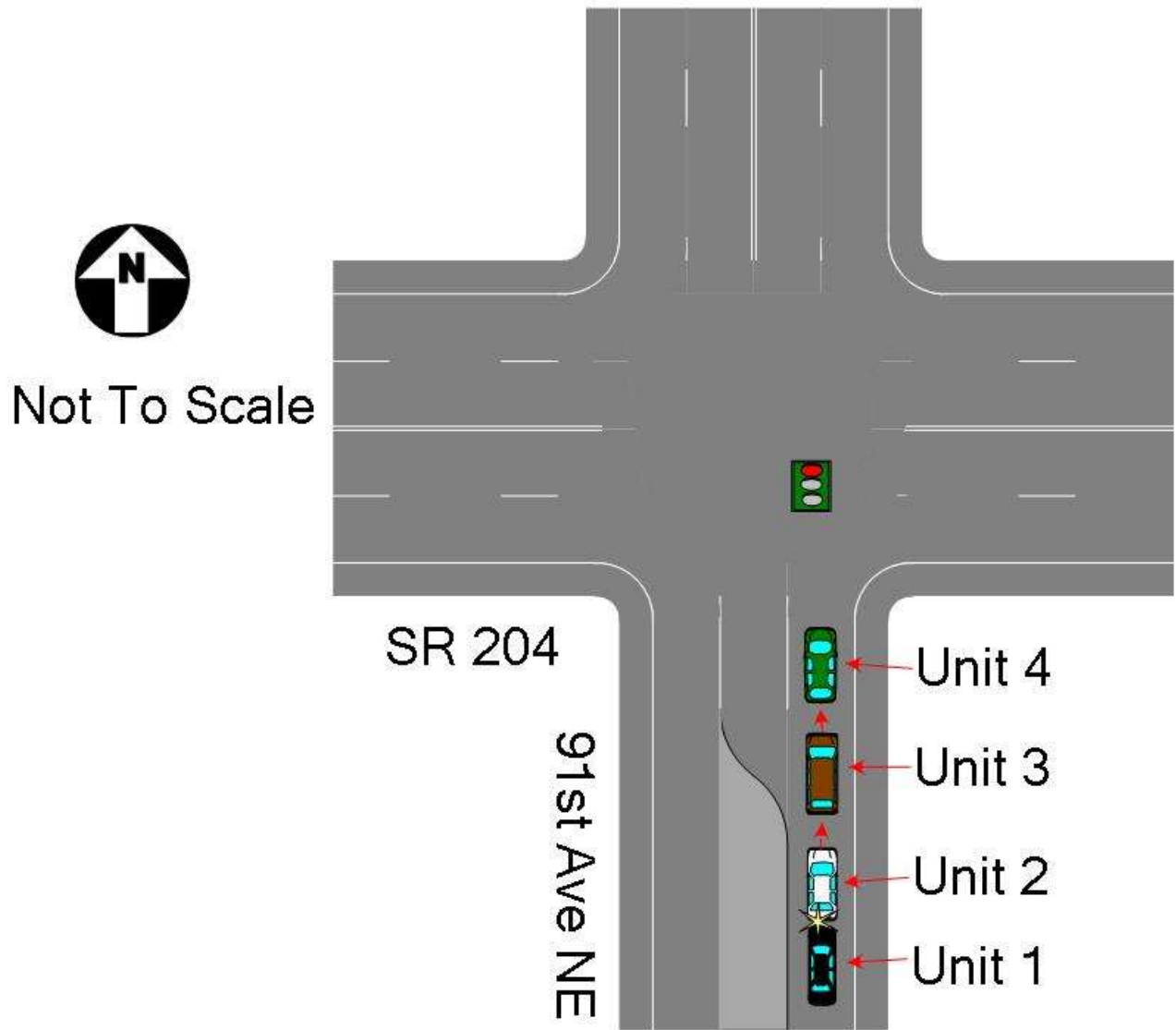
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REPORT NO. E491754

CASE # 15-202555

DATE AND TIME
OF COLLISION 12/08/15 18:25





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 15-202555VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Wammack Sean Patrick</u>	RACE <u>W</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>3/14/96</u>	AGE <u>19</u>	HGT <u>5'8"</u>	WGT <u>145</u>	HAIR <u>B</u>	EYES <u>H</u>
STREET ADDRESS <u>20902 67th Ave. NE #147</u>				CITY <u>Arlington</u>		STATE <u>WA</u>		ZIP <u>98223</u>	
HOME PHONE <u>360435036</u>		CELL PHONE <u>360 631 2341</u>			WORK PHONE				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>Haggens</u>				

STATEMENT:

I was driving and saw the cars in front of me were stopped so I locked up my brakes and slid into the car in front of me causing him to hit the other 2 cars.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Sean WammackDATE SIGNED: 12/8/15OFFICER/NUMBER: SKILBOY 1132DATE SIGNED: 12/8/15

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 15-702555VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Walterson, Marty, Leigh W</u>	RACE	ETHNICITY	SEX <u>F</u>	D.O.B. <u>4/13/66</u>	AGE <u>49</u>	HGT <u>5'7</u>	WGT <u>165</u>	HAIR <u>Brn</u>	EYES <u>Hazel</u>
STREET ADDRESS <u>8409 5th PL SE</u>	CITY <u>Lake Stevens</u>			STATE <u>WA</u>	ZIP <u>98258</u>				
HOME PHONE <u>N/A</u>	CELL PHONE <u>425-319-5105</u>		WORK PHONE <u>425-742-7283</u>						
EMAIL ADDRESS (OPTIONAL) <u>martywalterson@hotmail.com</u>			PLACE OF EMPLOYMENT <u>Woodstoves, etc.</u>						

STATEMENT:

Sitting at red light on 91st by Jiffy Lube in Lake Stevens. Heard crashing sound and car behind hit me and I hit a car in front of me. Got out of car, white car behind me was hit by black car. Black car front end impact + air bags deployed. Bump damage (back) to my vehicle. Passenger in my passenger seat back hurts. Passenger in back seat head hurts. Both wearing seat belts.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

Marty L. Walterson

DATE SIGNED:

12-8-15

NUMBER:

SKILROY / 132

DATE SIGNED:

12/8/15

MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"